



Carlsbad City Library  
ATTN: Media Services  
1775 Dove Lane  
Carlsbad, CA 92009

**FOR OFFICE USE ONLY**

date/time rcvd: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

category: \_\_\_\_\_

reservation #: \_\_\_\_\_

booking #: \_\_\_\_\_

**LIBRARY AUDITORIUM AND MEETING ROOM APPLICATION**

PLEASE PRINT :

room requested: \_\_\_\_\_ organization name: \_\_\_\_\_

(meeting rm./ auditorium)

percentage of organization's members and participants who reside in Carlsbad: \_\_\_\_\_% estimated audience size per event: \_\_\_\_\_

organization type: \_\_\_\_\_ explain: \_\_\_\_\_

(examples, religious, political, commercial, non-profit, business, for profit groups, etc)

applicant's name: \_\_\_\_\_ title: \_\_\_\_\_

street address: \_\_\_\_\_ city: \_\_\_\_\_ state: \_\_\_\_\_ zip: \_\_\_\_\_

phone: (\_\_\_\_) \_\_\_\_\_ fax: (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

| REQUESTED<br>DATE: | EVENT NAME: | EVENT TYPE: (meeting,<br>lecture, presentation, performance<br>reception, class, workshop etc.) | EVENT<br>SET-UP<br>TIME: | EVENT<br>START<br>TIME: | EVENT<br>ENDING<br>TIME: | BREAK-<br>DOWN &<br>LOADOUT<br>TIME: |
|--------------------|-------------|---|--------------------------|-------------------------|--------------------------|--------------------------------------|
|                    |             |   |                          |                         |                          |                                      |
|                    |             |   |                          |                         |                          |                                      |
|                    |             |   |                          |                         |                          |                                      |
|                    |             |   |                          |                         |                          |                                      |

room set-up instructions:

- ☐ # of chairs \_\_\_\_\_  
☐ # of tables \_\_\_\_\_  
☐ use of kitchenette  
☐ lectern & microphone  
☐ other explain: \_\_\_\_\_

☐ \*A.V. equip. describe: \_\_\_\_\_

- ☐ \*A.V. technician  
☐ \*room attendant

special set-up instructions: \_\_\_\_\_

(attach additional pages, include  
drawings, program outline, staging layout etc.)

\_\_\_\_\_\*see rate card for applicable fees

The signer, for himself/herself and/or his/her children, and/or his/her represented organization hereby waives any and all rights to make a claim for any loss or damage that may hereinafter accrue against the City of Carlsbad, members of its Council or Commission, its officials, employees and agents, arising out of this use of City property or activities pursuant to the reason of this waiver by reasons of negligence or otherwise; and further agrees to defend and indemnify and save free and harmless the City and above said persons from any claims, liability, or loss occasioned to the City or above said persons as the result of injury or death to persons or damages to property arising out of the use of said property or activity pursuant to the reasons for this waiver by reason of negligence or otherwise. Furthermore the signer understands and agrees to comply with all conditions described in the *Carlsbad City Library Meeting Facility Use Policies and Procedures* guidelines.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_